

06-27-01

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06/25/01
10928 U.S. PTO
09/891484

ELLIOT B. ARONSON, Esq.
Customer No. 9651
5801 Harbord Drive
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Attorney Docket No: 13.041
Inventor(s): Wade Lee
Title: Worklight with Thermal Warning
Express Label No: ET241267335US

JC971 U.S. PTO
09/891484
06/25/01

BOX PATENT APPLICATION
Commissioner for Patents
Washington, D.C. 20231

June 25, 2001

PATENT APPLICATION TRANSMITTAL SHEET

Sir:

The above-referenced application is submitted herewith for filing. The following documents are enclosed:

- Specification (12 pages, including 12 claims and Abstract of Disclosure)
- 2 sheets of informal drawings
- A signed Declaration and Power of Attorney
- Information Disclosure Statement
- Modified form PTO-1449 and copies of 7 references
- Nonpublication request
- Fee transmittal sheet
- Return receipt postcard

A check in the amount of \$355.00 is enclosed for the filing fee.

Respectfully submitted,

Elliot B. Aronson

Elliot B. Aronson
Reg. No. 29,279

Express Mail Label No. *ET 241 267 335 US*

Date of Deposit *June 25, 2001*

I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Box Patent Application, Commissioner for Patents, Washington, D.C. 20231.

6/25/01 Date By *Elliot B. Aronson*
Elliot B. Aronson
Reg. No. 29,279

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Approved for use through 10/31/2002. OMB 0651-0032
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2001	Complete if Known
<i>Patent fees are subject to annual revision.</i>	Application Number
	Filing Date
	First Named Inventor Wade Lee
	Examiner Name
	Group Art Unit
TOTAL AMOUNT OF PAYMENT (\$) 355,00	Attorney Docket No. 13,041

<p>METHOD OF PAYMENT</p> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <input style="width:150px;" type="text"/></p> <p>Deposit Account Name <input style="width:150px;" type="text"/></p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <hr/> <p style="text-align: center;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Code (\$)</th> <th>Small Entity Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101 710</td> <td>201 355</td> <td>Utility filing fee</td> <td style="text-align: center;">355</td> </tr> <tr> <td>106 320</td> <td>206 160</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107 490</td> <td>207 245</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108 710</td> <td>208 355</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114 150</td> <td>214 75</td> <td>Provisional filing fee</td> <td></td> </tr> </tbody> </table> <p style="text-align: right;">SUBTOTAL (1) (\$) 355</p> <p>2. EXTRA CLAIM FEES</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td>Total Claims</td> <td style="text-align: center;">12</td> <td>-20** =</td> <td style="text-align: center;">0</td> <td>X</td> <td style="text-align: center;">Fee from below</td> <td>=</td> <td style="text-align: center;">Fee Paid</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">2</td> <td>-3** =</td> <td style="text-align: center;">0</td> <td>X</td> <td style="text-align: center;">Fee from below</td> <td>=</td> <td style="text-align: center;">Fee Paid</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>X</td> <td style="text-align: center;">Fee from below</td> <td>=</td> <td style="text-align: center;">Fee Paid</td> </tr> </table> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Code (\$)</th> <th>Small Entity Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103 18</td> <td>203 9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102 80</td> <td>202 40</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104 270</td> <td>204 135</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109 80</td> <td>209 40</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110 18</td> <td>210 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> </tbody> </table> <p style="text-align: right;">SUBTOTAL (2) (\$) 0</p> <p><small>*or number previously paid, if greater; For Reissues, see above</small></p>	Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid	101 710	201 355	Utility filing fee	355	106 320	206 160	Design filing fee		107 490	207 245	Plant filing fee		108 710	208 355	Reissue filing fee		114 150	214 75	Provisional filing fee		Total Claims	12	-20** =	0	X	Fee from below	=	Fee Paid	Independent Claims	2	-3** =	0	X	Fee from below	=	Fee Paid	Multiple Dependent				X	Fee from below	=	Fee Paid	Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid	103 18	203 9	Claims in excess of 20		102 80	202 40	Independent claims in excess of 3		104 270	204 135	Multiple dependent claim, if not paid		109 80	209 40	** Reissue independent claims over original patent		110 18	210 9	** Reissue claims in excess of 20 and over original patent		<p>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Elliot B. Aronson	Registration No. (Attorney/Agent)	29,279
Signature	<i>Elliot B. Aronson</i>	Telephone	510-658-9511
		Date	6/25/2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09294404 062501

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Wade Lee

Serial No. Not yet assigned

Filed: Herewith

For: WORKLIGHT WITH THERMAL
WARNING

Examiner:

Group Art Unit:

NONPUBLICATION REQUEST
UNDER
35 U.S.C. 122(b)(2)(B)(i)

Box Patent Application
Commissioner for Patents
Washington, D.C. 20231

June 25, 2001

Dear Sir:

The undersigned hereby certifies that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.

The undersigned hereby requests that the attached application not be published under 35 U.S.C. 122(b).

Respectfully submitted,

Elliot B. Aronson

Elliot B. Aronson
Reg. No. 29,279

Customer No. 9651
Tel: 510-658-9511
Fax: 510-658-9220

Express Mail Label No. ET 241267335 US
Date of Deposit 6/25/2001

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Date

By *Elliot B. Aronson*
Elliot B. Aronson
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09651-11-01-01